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SUBJECT: INITIATION OF EMBASSY EST&H REPORTING;
FINDINGS OF THE 2003 DEMOGRAPHIC AND HEALTH SURVEY;
FERTILITY, FAMILY PLANNING, HIV/AIDS: PART I OF III

1. Introduction. This report is the first of what will become regular reports by the officer responsible for environment, science, technology, and health (EST&H) at Embassy Abuja. Pending the assignment in Abuja of such an officer, the Mission's economic officers, assisted by USAID colleagues, will produce the initial reports. For the foreseeable future, the thrust will be on Nigerian developments relating to the President's Emergency Plan for AIDS Relief (PEPFAR). Readers should expect most of the reports to address the social and economic factors that influence the spread of this disease. The reports will be geared toward the needs and interests of officials within the Office of the Global AIDS Coordinator, as well as other interested parties within the interagency community. End introduction.

2. Summary. The findings below and in the two cables that follow are lifted from the executive summary of the 2003 Nigeria Demographic and Health Survey. The findings provide baseline data that much of our subsequent reports will reflect. This one presents the most recent aggregate data on Nigerian fertility, family planning, and HIV/AIDS and other sexually transmitted infections. The second report addresses women's health and social status. The third centers on malaria control, and child health and nutrition. We will follow the evolution of the relevant indicators closely, not only because of their importance to PEPFAR, but also because of their relationship to the Millennium Development Goals. End summary.

3. The 2003 Nigeria Demographic and Health Survey (2003 NDHS), published in April 2004, is the third national demographic and health survey conducted in Nigeria. The 2003 NDHS is based on a nationally representative sample of over 7,000 households. All women 15-49 years of age in these households and all men aged 15-59 in a sub-sample of one-third of the households were individually interviewed. The survey provides up to date information on population and public health in Nigeria. The 2003 NDHS records current information on fertility levels and preferences, awareness and use of family planning methods, maternal and child health, breastfeeding practices, nutritional status of women and young children, childhood mortality, use of anti-malaria bed nets, female circumcision, marriage, sexual activity, and awareness of and behavioral responses to AIDS and other sexually transmitted infections in Nigeria.

FERTILITY

4. Fertility Levels, Trends, and Preferences. The 2003 NDHS established that the total fertility rate (TFR) in Nigeria was 5.7 in 2003. This means that, at current fertility levels, the average Nigerian woman who is at the beginning of her childbearing years will give birth to 5.7 children by the end of her lifetime. (In other words, for every 10 Nigerian women who are at the beginning of their childbearing years, 57 children will be born during the women's lifetime. Multiplying the birth data below by a factor of 10 will yield whole numbers.) Compared with previous national surveys, the 2003 survey shows a modest decline in fertility over the last two decades: from a TFR of 6.3 in the 1981-82 National Fertility Survey to 6.0 in the 1990 NDHS and 5.7 in the 2003 NDHS. However, the 2003 NDHS rate of 5.7 is significantly higher than the 1999 NDHS rate of 5.2, which underestimated the level of fertility then prevailing in Nigeria.

5. The 2003 NDHS shows that, on average, rural women will have one more child than will urban women (6.1 and 4.9, respectively) during their childbearing years. Fertility varies considerably by region of residence, lower rates being recorded in the south and higher rates in the north. Fertility is also strongly correlated negatively with a woman's educational

attainment.

16. Most Nigerians, irrespective of their number of living children, want large families. The ideal number of children was 6.7 for all women and 7.3 for currently married women at the time of the survey. Nigerian men want even more children than do women. The ideal number of children for all men was 8.6 and for currently married men 10.6. Clearly, one reason for the slow decline in Nigerian fertility is the desire for large families.

17. Birth Intervals. A 36-month interval between deliveries is best for mother and child. The median birth interval in Nigeria was 31 months in 2003. The median interval was lowest among mothers aged 15-19 (26 months) and highest among mothers 40-49 years of age (39 months). While there was no difference in birth intervals between urban and rural women, birth intervals varied considerably by region of residence. Women in the South West have the longest median birth interval (37 months) and women in the South East the shortest (27 months), a difference of almost one year.

18. Initiation of Sexual Behavior and Childbearing at Young Ages. One-third of women between the age of 25-49 reported they had had sexual intercourse by age 15. By age 20 more than three-quarters of women and by age 25 nine-tenths of them had had sexual intercourse. One-quarter of the teenage women surveyed had given birth or been pregnant. Early childbearing occurs more often in rural areas: 30 percent of rural women aged 15-19 had begun childbearing compared with 17 percent of urban women in the same age group. The median age at first birth is nonetheless rising. Whereas median age at first birth was less than 19 years among women over age 35, it was 20.3 years among women aged 25-29.

FAMILY PLANNING

19. Knowledge of Family Planning Methods. About eight in ten women and nine in ten men knew of at least one modern method of family planning in 2003. The pill, injectable contraceptives, and the male condom are the most widely known modern methods among both women and men. Mass media is an important source of information on family planning. Radio is the most frequent source of family planning messages: 40 percent of women and 56 percent of men said they had heard at least one radio message about family planning during the year preceding the survey. Conversely, however, more than half of the women (56 percent) and 41 percent of the men had not been exposed to family planning messages by a mass media source.

10. Current Use. Thirteen percent of currently married women were using some method of family planning during the survey, including 8 percent using a modern method. The most common modern methods are the pill, injectable contraceptives, and the male condom (used by between 1.6 and 3.4 percent of all women sexually active). Urban women are more than twice as likely as rural women to practice contraception (20 percent versus 9 percent) and its use varies significantly by region. Thirty-three percent of married women in the South West practiced contraception compared with just 4 percent of women in the North East and 5 percent of women in the North West.

11. Source of Family Planning Methods. Fifty-eight percent of users had obtained their contraceptives from private health care providers. Less than half as many had gotten them from the public sector (23 percent). The private sector is the most common source for the pill (74 percent) and male condoms (59 percent). The provision of injectable contraceptives for current users was shared equally by the private sector and the public sector (8 percent each).

12. Unmet Need for Family Planning. While most women want large families, a minority want to limit their family size or wait some time before having their next birth although they are not using contraceptives. Seventeen percent of currently married women were in these two categories and had an unmet need for family planning.

13. Contact of non-users with family planning providers is important for determining whether family planning initiatives are effective or not. During the year preceding the survey, only 4 percent of non-users reported they had been visited by a family planning service provider at home; 6 percent of non-users had visited a health facility and discussed family planning with a provider; and 24 percent of non-users who had visited a health facility had not discussed family

planning. These data indicate missed opportunities for increasing family planning acceptance and use.

HIV/AIDS AND OTHER STIs

14. Knowledge. Almost all men (97 percent) and most women (86 percent) participating in the survey reported they had heard of AIDS. Considerably fewer knew how to prevent transmission of the virus; men were better informed than women. Sixty-three percent of the men and 45 percent of the women reported knowing that condom use protects against HIV/AIDS. More respondents (six in ten women and eight in ten men) reported knowing that limiting the number of sexual partners may prevent HIV/AIDS. Less than half of the sample population knew that mother to child transmission of HIV is possible through breastfeeding. Fewer people (less than one in ten) knew that a woman living with HIV can take drugs during pregnancy to reduce the risk of transmission.

15. HIV Testing and Counseling. Six percent of the women and 14 percent of the men had been tested for HIV and received the results of their test. During the 12 months preceding the survey, only 3 percent of the women and 6 percent of the men had been tested and received test results. About 25 percent of the women had received counseling or information about HIV/AIDS during a pre-natal care visit.

16. High-risk Sex. A much higher percentage of men than women reported having had sex with a non-marital, non-cohabiting partner during the year preceding the survey (39 percent of the men versus 14 percent of the women). Less than half of the former (47 percent) and less than one-quarter of the latter (23 percent) reported having used a condom the last time they had had sex with a non-marital, non-cohabiting partner. Fifteen percent of the men who were then married or cohabiting reported having had high-risk sex in the prior 12 months.

17. Sexually Transmitted Infections (STI). Five percent of both men and women reported having had a sexually transmitted infection or an associated symptom during the 12 months preceding the survey. The never-married population of both men and women were most at risk. Eight percent of never-married women and 7 percent of never-married men reported having had an STI or STI symptom. Of these, 68 percent of the women and 83 percent of the men had sought treatment for their STI or STI symptom; however, not everyone had gone to a health professional.

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